

**RECOMMENDATION FORM - PhD**

**UNIVERSITY OF WASHINGTON**  
**SPEECH AND HEARING SCIENCES**  
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Seattle, WA 98105-6246  
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SPHSC Homepage: <http://depts.washington.edu/sphsc>

UW Homepage: <http://www.washington.edu>

**A. THIS SECTION TO BE FILLED OUT BY THE APPLICANT (REMEMBER TO REVIEW THE APPLICANT STATEMENT BELOW):**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Quarter and year student wishes to begin studies \_\_\_\_\_

Circle all that apply (**two** items should be circled, **one** from each side of the //):

Normal Aspects                      Audiology                      Speech Pathology // Clinical Track                      Nonclinical Track

Specific Interest Area \_\_\_\_\_

**TO THE APPLICANT AND THE PERSON COMPLETING THE RECOMMENDATION:**

Under the provisions of Public Law 93-380 and the University of Washington's Policy on Student Education Records, the recommendation will be available to the student if the student is or has been admitted and registered at the University unless the student waives such right to review.

**FOR THE STUDENT: (Optional)**

I hereby waive my right to review this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**B. THIS SECTION TO BE FILLED OUT BY THE EVALUATOR: (CONTINUES ON REVERSE)**

The person named above is applying to our program. We would appreciate your frank appraisal of his or her qualifications for successful study by filling out the brief section below and marking in the columns. **When you have completed the form, please seal your recommendation in a business size envelope, sign on the seal in pen, and return to the applicant for submission to us. (If you prefer, we will also accept recommendations sent directly to the address above.)**

Today's Date \_\_\_\_\_

Print Name \_\_\_\_\_ Institution \_\_\_\_\_

Title \_\_\_\_\_ Academic Department \_\_\_\_\_

Employment Mailing Address \_\_\_\_\_

May we call you should we have further questions about this applicant? \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ months \_\_\_\_\_ years

How well? (Please circle one)    slightly                      average                      fairly well                      very well

In what capacity have you known the applicant? \_\_\_\_\_

* = if applicable	Don't Know	Below Average (Lower 25%)	Average (Middle 50%)	Above Average (Upper 25%)	Excellent (Upper 10%)
<b>Personal Qualities:</b>					
Judgment					
Self-Expression					
Dependability					
<b>Personal Relationships</b>					
Working with Others					
Leadership Potential					
<b>Preparation in Area:</b>					
Academic Preparation					
* Clinical Preparation					
<b>Potential in Area:</b>					
Scholastic Potential					
* Potential as Clinician					
* Potential as Teacher					
* Potential as Researcher					
<b>Overall:</b> Compare with others at same level you have known in the last five years.					

Please add a summary statement concerning the applicant's strengths and weaknesses, and promise as a doctoral student:

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Signature of Evaluator

